

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
APR 18 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
Name of Operator Kuykendall Enterprises ✓		5. State Oil & Gas Lease No.
Address of Operator 410 North Atkinson, Roswell, NM 88201		7. Unit Agreement Name
Location of Well UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM East LINE, SECTION 18 TOWNSHIP 10S RANGE 28E N.M.P.M.		8. Farm or Lease Name Kuykendall Enterprises
		9. Well No. No. 1
		10. Field and Pool, or WHdcat Race Track San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3766.4		12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2/28/84 - drill 8 " hole to 2358'
 2/29/84 - log well
 3/5/84 - ran 72 joints 4½" 10.50# J55 casing cement with 150 sxs Class C
 50/50 POZ - 2% CaCl - test casing to 1000 psi for 30 minutes

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED James F. Kuykendall TITLE President DATE 3/15/84

APPROVED BY _____ TITLE Original Signed By
Leslie A. Clements
Supervisor District II DATE APR 26 1984

CONDITIONS OF APPROVAL, IF ANY: